

## WHAT HAPPENS IF...

This section of *Your King County Benefits* tells you what you need to know and do when any of the following events occur while you're employed with King County.

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#### LOSS OF COVERAGE

**If your spouse/domestic partner loses coverage elsewhere and isn't covered under the county's health care plans, you must enroll your spouse/domestic partner by completing an Add/Change Dependent form online within 30 days of his/her loss of coverage if you want your spouse/domestic partner to have county health care coverage. Coverage will begin the first day of the month following his/her loss of coverage. (See *Contact Information*.)**

## You Get Married/Establish a Domestic Partnership

When you get married or establish a domestic partnership, you must enroll your spouse/domestic partner online within 30 days of the date the qualifying life event occurs if you want to add your spouse/domestic partner to your county benefits.

To receive timely health care coverage, you have three options:

- add your spouse/domestic partner and eligible dependent children to your current medical, dental and vision coverage;
- change your medical plan and add your spouse/domestic partner and eligible dependent children, and include them in your current dental and vision coverage; or
- opt out of your medical coverage to be covered under your spouse/domestic partner's coverage, and retain your current dental and vision coverage with the county for yourself.

When you add your spouse/domestic partner to county medical coverage, you must also sign up for the benefit access fee online if he/she has coverage with another employer. (See "Benefit Access Fee" on page 23.)

You may also:

- begin, change or discontinue participation in a flexible spending account (FSA);
- add, increase, decrease or discontinue supplemental life insurance for yourself. If you have supplemental life insurance for yourself, you may add supplemental life insurance for your spouse/domestic partner and eligible dependent children; and
- add, increase, decrease or discontinue accidental death and dismemberment insurance (AD&D) for yourself. If you have supplemental AD&D insurance for yourself, you may add supplemental AD&D insurance for your spouse/domestic partner and any eligible dependent children.

You make these changes by completing the appropriate forms online.

#### HOW TO MAKE CHANGES ONLINE

To make changes to your benefit coverage, complete the appropriate county form online at the Benefits and Retirement Web site at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits). At the Web site, click "My Benefits" in the left navigation menu and follow the directions. Most non-county forms are available on the Benefits and Retirement Web site. For forms not available on the Web site, contact the appropriate company or agency. (See *Contact Information*.)

Coverage begins on the first day of the month following the date of your marriage or the establishment of your domestic partnership. If this qualifying life event occurs on the first day of the month, however, coverage begins on that day.

If you add a domestic partner or your domestic partner's children for coverage, the county pays for the coverage, but you're taxed on the value of the coverage. Taxable values are available from Benefits and Retirement Operations and its Web site. (See *Contact Information*.)

If you get married or establish a domestic partnership, you may also want to update your beneficiary designations with Aetna Life Insurance for life insurance, with CIGNA Group Insurance for AD&D insurance and long-term disability (LTD) insurance, with the Washington State Department of Retirement Systems (DRS) or the Seattle City Employees' Retirement System (if you remained in the city retirement system when you became a county employee) for your retirement plan, and with the King County Employees Deferred Compensation Plan for your deferred compensation plan. (See *Contact Information*.)

## FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## Benefit Access Fee

When you add a spouse/domestic partner to your medical coverage, you pay a monthly benefit access fee of \$35 through payroll deduction for your spouse/domestic partner's county medical coverage if your spouse/domestic partner has access to medical coverage:

- through his/her own employer;
- through a union trust paid by an employer; or
- through the military while in active service.

You don't have to pay a benefit access fee if:

- you cover a spouse/domestic partner who is unemployed, a county employee, or covered under Medicare, Medicaid, retiree medical, COBRA or disability (whether Social Security or military);
- your spouse/domestic partner has coverage because he/she is a veteran or retired from the military; or
- your spouse/domestic partner has private coverage, Canadian coverage or other foreign government-supported coverage.

## LEGAL SEPARATION

**If you discontinue county coverage for your spouse during a legal separation and in anticipation of divorce, your spouse will not be eligible for COBRA benefits until after your divorce is final.**

If you're paying the benefit access fee for a spouse/domestic partner's health care coverage you later discontinue, you must submit a completed Request to Drop Benefit Access Fee form. Your payments will be discontinued at the earliest payroll cycle after your spouse/domestic partner's coverage ends. (For more information, see "You Divorce/End a Domestic Partnership" on page 24.)

## FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## You Divorce/End a Domestic Partnership

When you divorce or end a domestic partnership, you must inform Benefits and Retirement Operations of this qualifying life event online as soon as possible but no later than 60 days from the date of its occurrence. Your covered spouse/domestic partner will then have 60 days from the date he/she is notified of his/her COBRA election rights to enroll in COBRA.

The county has an obligation to discontinue benefit coverage for your former spouse/domestic partner and to notify FBMC, the county's COBRA administrator, of your spouse/domestic partner's eligibility for continuing health care coverage, if applicable. Your failure to notify the county within 60 days could lead to denial of COBRA rights for your former spouse/domestic partner. (For information about continuing health care coverage, see "Continuing Coverage Under COBRA" in *Health Care*.)

While your former spouse/domestic partner has 60 days to enroll in COBRA coverage, you must complete the county's Discontinue Dependent Coverage form online within 30 days of the date your divorce occurs or your domestic partnership ends. (*On the online form, you'll need to elect either "Divorce" or "Dissolution of Domestic Partnership" as your "Reason for Event," and complete the remainder of the form.*) Otherwise, you may have to reimburse the county for expenses incurred following the date your spouse/domestic partner became ineligible for coverage.

## HOW TO MAKE CHANGES ONLINE

To make changes to your benefit coverage, complete the appropriate county form online at the Benefits and Retirement Web site at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits). At the Web site, click "My Benefits" in the left navigation menu and follow the directions. Most non-county forms are available on the Benefits and Retirement Web site. For forms not available on the Web site, contact the appropriate company or agency. (See *Contact Information*.)

Coverage for your spouse/domestic partner under county benefits ends at the end of the month in which you discontinue coverage for him/her.

COBRA coverage begins on the first day of the month following the final divorce decree or the end of your domestic partnership as long as:

- your former spouse/domestic partner enrolls in COBRA coverage within 60 days of being notified of his/her COBRA election rights; and
- your former spouse/domestic partner's payment of premium is timely.

If you're paying the benefit access fee for a spouse/domestic partner's health care coverage, you must submit a completed Request to Drop Benefit Access Fee form. Your payments will be discontinued at the earliest payroll cycle after your spouse/domestic partner's coverage ends.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

If you're ending a domestic partnership, your federal withholding on the value of your former domestic partner's county health care coverage will be discontinued after you've completed the online Discontinue Dependent Coverage form and your spouse/domestic partner's coverage ends.

If you divorce or end a domestic partnership, you may also want to update your beneficiary designations with Aetna Life Insurance for life insurance, with CIGNA Group Insurance for accidental death and dismemberment (AD&D) insurance and long-term disability (LTD) insurance, with the Washington State Department of Retirement Systems (DRS) or the Seattle City Employees' Retirement System (if you remained in the city retirement system when you became a county employee) for your retirement plan, and with the King County Employees Deferred Compensation Plan for your deferred compensation plan. (See *Contact Information*.)

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## You Become a Parent

When you become a parent, you have up to 60 days from the birth or placement for adoption of your child (up to 30 days from placement of a legally designated ward) to enroll your eligible child online. However, you're encouraged to notify the county of this qualifying life event within 30 days so you can take advantage of other changes that must be made within 30 days of this qualifying life event.

Within 60 days, you may add your new child or child placed for adoption to your medical, dental and vision coverage. To receive timely health care coverage, you have two options:

- add your eligible dependent child to your current medical, dental and vision coverage; or
- change your medical plan and add your eligible dependent child, and include him/her in your current dental and vision coverage.

Within 30 days, you may:

- begin or change a flexible spending account (FSA);
- add a legally designated ward (legally placed foster child, a child placed with you as legal guardian or a child named in a Qualified Medical Child Support Order) to your medical, dental and vision coverage;
- add, increase, decrease or discontinue supplemental life insurance for yourself. If you have supplemental life insurance for yourself, you may add your spouse/domestic partner and any eligible dependent children; and
- add, increase, decrease or discontinue accidental death and dismemberment (AD&D) insurance for yourself. If you have AD&D insurance for yourself, you may add your spouse/domestic partner and any eligible dependent children.

You make these changes by completing the appropriate forms online.

#### **HOW TO MAKE CHANGES ONLINE**

To make changes to your benefit coverage, complete the appropriate county form online at the Benefits and Retirement Web site at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits). At the Web site, click "My Benefits" in the left navigation menu and follow the directions. Most non-county forms are available on the Benefits and Retirement Web site. For forms not available on the Web site, contact the appropriate company or agency. (See *Contact Information*.)

Medical, dental and vision coverage begins from birth for a newborn and from date of placement for an adopted child under your coverage. Coverage of a child in legal custody begins on the first day of the month following placement. Supplemental life and AD&D insurance coverage for a newborn or adopted child begins no sooner than the 15<sup>th</sup> day following the child's birth.



When you add a child, you may also want to update your beneficiary designations with Aetna Life Insurance for life insurance, with CIGNA Group Insurance for AD&D insurance and long-term disability (LTD) insurance, with the Washington State Department of Retirement Systems (DRS) or the Seattle City Employees' Retirement System (if you remained in the city retirement system when you became a county employee) for your retirement plan, and with the King County Employees Deferred Compensation Plan for your deferred compensation plan. (See *Contact Information*.)

## FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## Your Child Is No Longer Eligible

Your covered child is no longer eligible for:

- health care coverage upon reaching age 23;
- life insurance coverage upon reaching age 19 (age 23 if he/she is solely dependent on you for support);
- accidental death and dismemberment (AD&D) insurance coverage upon reaching age 23; and
- any benefit coverage once he/she gets married or you can no longer claim him/her on your federal tax return.

When your child is no longer eligible for county benefits, you must inform Benefits and Retirement Operations of this qualifying life event online as soon as possible but no later than 60 days from the date of its occurrence. Your covered child will then have 60 days from the date he/she is notified of his/her COBRA election rights to enroll in COBRA coverage.

The county has an obligation to discontinue county coverage for your child and to notify FBMC, the county's COBRA administrator, of his/her eligibility for COBRA coverage, if applicable. Your failure to notify the county within 60 days could lead to denial of COBRA rights for your child. (For information about continuing health care coverage, see "Continuing Coverage Under COBRA" in *Health Care*.)

While your child has 60 days to enroll in COBRA coverage, you must complete the county's Discontinue Dependent Coverage form online within 30 days of the date this qualifying life event occurs. (*On the online form, you'll need to elect "Child no longer dependent" as your "Reason for Event" and complete the remainder of the form.*) Otherwise, you may have to reimburse the county for expenses incurred following the date your child became ineligible for coverage.

#### HOW TO MAKE CHANGES ONLINE

To make changes to your benefit coverage, complete the appropriate county form online at the Benefits and Retirement Web site at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits). At the Web site, click “My Benefits” in the left navigation menu and follow the directions. Most non-county forms are available on the Benefits and Retirement Web site. For forms not available on the Web site, contact the appropriate company or agency. (See *Contact Information*.)

Coverage for your child under county benefits ends at the end of the month in which you discontinue your child's coverage.

COBRA coverage begins on the first day of the month following the loss of your child's eligibility for county coverage as long as:

- your child has enrolled in COBRA coverage within 60 days of the date he/she is notified of his/her COBRA election rights; and
- your child's payment of premium is timely.

When your child becomes ineligible for coverage, you may also want to update your beneficiary designations with Aetna Life Insurance for life insurance, with CIGNA Group Insurance for accidental death and dismemberment (AD&D) and long-term disability (LTD), with the Washington State Department of Retirement Systems (DRS) or the Seattle City Employees' Retirement System (if you remained in the city retirement system when you became a county employee) for your retirement plan, and with the King County Employees Deferred Compensation Plan for your deferred compensation plan. (See *Contact Information*.)

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

You may continue medical, dental, vision, life and AD&D coverage for a child past age 23 if the child:

- was incapacitated and covered under your plans before age 23;
- continues to be incapacitated due to developmental or physical disability; and
- is chiefly dependent on you for support so that you may claim him/her on your federal tax return.

To continue coverage, you need to submit a Continue Coverage for Disabled Adult Child form six months before the child turns age 23 or no later than 30 days after the child turns age 23.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)



## You Have an Emergency

If you have a medical, dental or vision emergency, seek immediate treatment. If possible, go to a network provider. Except for Group Health, nationwide networks are available for medical, prescription drug, dental and vision care. Therefore, even if you're out of the area, you may use network providers and pharmacies to receive network coverage.

If you're enrolled in KingCare<sup>SM</sup> and you have a medical emergency as determined by the plan, you'll receive network-level benefits for network or out-of-network care. However, if you do not have an emergency and go to an out-of-network provider, you'll need to file a claim for reimbursement. For medical claims, you're reimbursed at reasonable and customary rates. For prescription drug claims, you're reimbursed at the rates Express Scripts pays its network pharmacies. You pay the amounts that out-of-network providers or pharmacies charge in excess of these rates.

If you're enrolled in Group Health and you have a medical emergency, the plan provides limited out-of-network medical and prescription drug coverage, primarily for emergency or urgent care.

## You Need Care While Traveling

If you're traveling within the United States, you may use network and out-of-network providers as discussed in "You Have an Emergency" on page 29.

If you're traveling outside the United States and you're enrolled in KingCare<sup>SM</sup>, any medical, prescription drug, dental and/or vision care you receive will be treated as an out-of-network service, and you'll need to file a claim for reimbursement. Before traveling abroad, contact KingCare<sup>SM</sup> to learn what type of information and documentation you may need for filing a claim. At a minimum, you'll need:

- the name and address of your provider;
- a complete description of the services provided;
- a copy of your receipt of payment for services; and
- your provider's signature.

If you're traveling outside the United States and you're enrolled in Group Health, the plan provides limited out-of-network medical and prescription drug coverage, primarily for emergency or urgent care.

## You Take a Family/Medical Leave of Absence

You may be eligible to take leave for certain family and medical reasons under the Family and Medical Leave Act (FMLA) and King County Family and Medical Leave (KCFML). When you're eligible, county-paid medical, dental and vision benefits continue while you're on FMLA and/or KCFML leave.

### IMPORTANT!

**If you have a medical, dental or vision emergency, seek immediate treatment.**

To request leave under FMLA/KCFML, you'll need to submit an FMLA/KCFML Leave Request form to your supervisor, and your supervisor will need to notify Benefits and Retirement Operations of your leave start date. For more complete information, be sure to consult with your supervisor and, if needed, your human resources representative.

After you've requested your leave, you'll be asked to submit an FMLA/KCFML Medical Certification form, which has been completed by an approved health care provider, certifying the need for family/medical leave and for periodic medical evaluations during family/medical leave.

Your supervisor or other leave-granting authority will respond to your family/medical leave request by providing you and Benefits and Retirement Operations with a completed FMLA/KCFML Leave Request Response form.

If you continue on leave past your FMLA/KCFML period on unpaid status, your medical, dental and vision coverage ends. However, you may be eligible to pay to continue your coverage under COBRA. (For more information, see "Continuing Coverage Under COBRA" in *Health Care*.)

When you return from FMLA/KCFML or unpaid leave, you and your supervisor or other leave-granting authority will need to notify Benefits and Retirement Operations of your return date.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## You Take an Authorized Unpaid Leave of Absence

If you don't qualify for leave under the Family and Medical Leave Act (FMLA) or King County Family and Medical Leave (KCFML), you may take an approved leave of absence without pay. When you do, your benefit coverage for medical, dental and vision:

- will continue uninterrupted if your unpaid leave is 30 days or less; or
- may be continued under COBRA if your unpaid leave is 31 days or more. In this case, your county coverage will end on the last day of the month in which you work before the leave begins. (For more information, see "Continuing Coverage Under COBRA" in *Health Care*.)

If your unpaid leave is 31 days or more, you'll need to pay for basic and supplemental life, accidental death and dismemberment (AD&D) and long-term disability (LTD) insurance if you want to continue coverage while you're on leave.

You may take a leave of absence without pay from 31 days up to one year with the approval of the county's Human Resources Director. To request leave without pay, you'll need to submit a Leave of Absence Without Pay Request form to your supervisor, and your supervisor will need to notify Benefits and Retirement Operations of your leave start date.

When you return from your leave, you and your supervisor or other leave-granting authority will need to notify Benefits and Retirement Operations of your return date so your benefit coverage can be reinstated.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

## You're on Uniformed Services Leave

If you take a uniformed services leave, you need to provide your supervisor, your human resources representative and Benefits and Retirement Operations with written notice and a copy of your orders both when you leave employment to perform uniformed service (as in the military) and when you return to employment after performing uniformed service.

While you're performing uniformed service, your health care (medical, dental and vision) coverage and basic life insurance coverage may be continued, depending on the circumstances. Your health care coverage may be continued until your active duty ends, while your basic life insurance coverage may be continued only for up to 12 months. When the Benefits and Retirement Operations staff receives notice that you've begun active duty or active duty training, the staff contacts you about continuation of benefit coverage, arrangements for paying any benefit premiums you currently pay through payroll deduction, and options for continuing supplemental life insurance, basic and supplemental accidental death and dismemberment (AD&D) insurance, and basic and supplemental long-term disability (LTD) insurance.

If you leave employment to serve in the military or are called to active duty, you may be eligible for benefits under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and King County Ordinance 13377. For more information, contact Benefits and Retirement Operations. (See *Contact Information*.)

## You Become Disabled

If you become disabled while employed by the county, you may be able to continue your health care and life insurance coverage.

### Health Care Coverage

If your disability qualifies you for leave under the Family and Medical Leave Act (FMLA), King County Family and Medical Leave (KCFML) or both, your medical, dental and vision coverage will continue for the length of your FMLA and/or KCFML leave, but not beyond the FMLA and KCFML time limits, unless you're still on paid leave. (For more information, see "You Take a Family/Medical Leave of Absence" on page 29.)

If you don't qualify for leave under FMLA or KCFML, or if you continue on unpaid leave after your FMLA/KCFML leave ends, your medical, dental and vision coverage ends. However, you may be eligible to continue coverage under COBRA. (For more information, see "Continuing Coverage Under COBRA" in *Health Care*.)

Under KingCare<sup>SM</sup>, if you or your covered dependent is totally disabled and your coverage ends for any reason other than plan termination, medical coverage for only the disabling condition may be extended for 12 months at no cost to you. The disabled person may choose either this extension of medical coverage or COBRA coverage. However, electing the extension means forfeiting the right to elect COBRA coverage and convert to an individual policy. Other covered dependents may be able to elect COBRA coverage.

Extended medical coverage will end when you experience any of the following:

- you reach the end of the 12-month medical extension;
- you become eligible for benefits under another group policy; or
- you're no longer disabled.

### Life Insurance Coverage

In addition to continuing health care coverage, you may be able to continue life insurance when you become disabled. (For details, see "Continuing Group Term Life Insurance When You're Disabled" in "How to Continue or Convert Coverage" in *Life and Accident Protection*.)

#### If You Become Disabled *Before Age 60*

If you become disabled before age 60 and notify Benefits and Retirement Operations within 30 days of your last day worked, the county pays to continue the basic life insurance you had on the last day you worked. You also have the option of paying to continue the supplemental life insurance you had on your last day for up to 12 months.

Between eight and nine months following the last day you worked, you may apply to Aetna Life Insurance for a premium waiver. If Aetna determines that your disability is permanent and total (in other words, if Aetna approves your premium waiver application), it extends the basic and supplemental life insurance you had on the last day you worked from the date of its determination until you reach age 65, at no cost to you, as long as you remain disabled. (You may apply for a premium waiver up to 12 months following the last day you worked, but applications received after 12 months may be denied.)

If you convert coverage when you end employment and you're then approved for the premium waiver, Aetna will cancel the individual policy and return the premiums to you. (See "Converting to Individual Whole Life Insurance" in "How to Continue or Convert Coverage" in *Life and Accident Protection*.)

Premium waiver coverage ends when the first of these dates occurs:

- Aetna sends you a request for an exam, but you don't have the exam within 31 days of that date, or Aetna requests proof that you're still permanently and totally disabled and you don't provide the proof within 31 days of that date;
- you're well enough to work in any reasonable job;
- you start to work in any job for pay or profit; or
- you reach age 65.

After this coverage has been extended continuously for two years, Aetna will not request an exam or proof more often than once in 12 months. When the extended coverage period ends, you may be eligible to convert to an individual life insurance policy.

If you die while disabled and within 12 months of the last day you worked and before you applied for a premium waiver (or before your application is approved), Aetna pays your beneficiaries the life insurance benefit they would have received had a premium waiver been approved. To pay this benefit, Aetna must receive written notice of your death within 12 months of its occurrence and proof that your disability was permanent and total.

### **If You Become Disabled *After* Age 60**

If you become disabled after age 60 and before you retire or end county employment, and you notify Benefits and Retirement Operations within 30 days of the last day you worked, the county pays to continue the basic life insurance you had on your last day for up to 12 months or age 65, whichever occurs first. You also have the option of paying to continue the supplemental life insurance you had on your last day for up to 12 months or age 65, whichever occurs first.

Between eight and nine months following the last day you worked, you may apply to Aetna for a disability determination. If Aetna determines that your disability is permanent and total, the county will pay to continue your basic life insurance until you reach age 65, as long as you remain disabled and as long as the county continues to provide the benefit to its active employees.

If you don't apply between eight and nine months or if Aetna doesn't approve your disability determination, your county-paid basic life insurance ends after 12 months or at age 65, whichever occurs first. When this happens, you may convert to individual coverage. (See "Converting to Individual Whole Life Insurance" in "How to Continue or Convert Coverage" in *Life and Accident Protection*.)

## You're on a Mutual Aid Assignment

Occasionally—for example, in the case of a natural disaster—you may be asked to work temporarily for another agency that needs additional assistance. When you're being asked to provide assistance outside the country, your assignment—salary, benefits, per diem and other matters—will be arranged on a case-by-case basis between the county and the contracting agency.

## There's a Declared Emergency

If there's a declared emergency, such as an earthquake or pandemic flu, there could be delays in processing claims and providing assistance. Every effort will be made to communicate any changes or delays resulting from a declared emergency.

## You Enter Into a Labor Dispute

If you enter into a labor dispute, your county benefits—health care, FSA, life insurance, accidental death and dismemberment (AD&D) insurance and long-term disability (LTD) insurance—will end on the last day of the last month during which you work. If your pay is suspended directly or indirectly as the result of a strike, lockout or other labor dispute, you may be able to continue your health care coverage temporarily for up to 18 months by paying for it through COBRA. (See "Continuing Coverage Under COBRA" in *Health Care*.) You may also continue your life, AD&D and LTD insurance coverage temporarily by paying the full cost for up to six months.

When your COBRA coverage ends, you may be able to continue health care coverage if you convert from county group coverage to an individual plan. Check with your plans for details. (See *Contact Information*.)



## You Retire

When you decide to retire from the county, you should notify the Washington State Department of Retirement Systems (DRS) or the Seattle City Employees' Retirement System (if you remained in the city retirement system when you became a county employee) of your intentions as early as three to six months before retirement. Because you'll need to make some decisions, early notification will allow time for you and DRS to set up your retirement account for a smooth transition. (See *Contact Information*.)

To notify the county of your retirement plans, you need to submit a Termination Notice to your supervisor, payroll or human resources representative, and Benefits and Retirement Operations. (See *Contact Information*.) Your payroll or human resources representative will help you make arrangements for your last paycheck from the county.

### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

If you participate in the county's deferred compensation plan, you'll need to contact T. Rowe Price, the current deferred compensation plan administrator, for information on withdrawing funds from your account during retirement. Unlike your DRS plan, your deferred compensation plan doesn't require that you begin making withdrawals immediately—you're not required to take distributions until you reach age 70½. You may contact the deferred compensation plan coordinator in Benefits and Retirement Operations for assistance. (See *Contact Information*.)

When you retire, county-paid health care coverage ends on the last day of the month you retire. You may continue the medical and vision coverage you had if you pay the full cost of coverage and:

- you're covered under the county's health care plans on your last day of employment;
- you've worked for King County for at least five consecutive years before you retire;
- you're not eligible for Medicare;
- you're not covered under another group medical plan; and
- you meet the requirements for formal service or disability retirement under the Washington State Public Employees Retirement Act or the Seattle City Employees' Retirement System, in which you elected to remain according to a formal agreement between King County and the City of Seattle.

When you retire, you cannot continue the dental plan you have with the county; however, you may purchase an alternative retiree dental plan. You may also continue the alternative dental plan coverage after you become eligible for Medicare and are no longer eligible for COBRA or retiree medical coverage.

If you choose COBRA benefits instead of retiree medical coverage, your covered dependents are eligible for the same coverage they had when you were an active employee.

If you choose retiree medical coverage, you may cover your dependents under that plan or your dependents may elect COBRA coverage instead. When you choose retiree medical coverage, however, you waive your COBRA rights. (For more information, see “Continuing Coverage Under COBRA” in *Health Care*.)

If you’re a member of a group that voted to participate in the HRA Voluntary Employees Benefits Association (VEBA), you must submit an HRA VEBA Membership Enrollment Form to Benefits and Retirement Operations within 12 months of your retirement date so that your 35% sick leave cash-out can be transferred to the VEBA. If you do not submit the form within 12 months, your cash-out will be forfeited.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

When you leave county employment, you may pay to continue your existing life insurance (for reasons other than disability) or convert it to a whole life policy with Aetna Life Insurance. You also may be eligible to purchase accidental death and dismemberment (AD&D) conversion insurance with CIGNA Group Insurance. (For more information, see “How to Continue or Convert Coverage” in *Life and Accident Protection*.)

## You Leave Employment with the County

If you decide to leave county employment, you need to submit a Termination Notice to your supervisor, your payroll or human resources representative, and Benefits and Retirement Operations. (See *Contact Information*.) Your payroll or human resources representative will help you make arrangements for your last paycheck from the county.

#### FORMS

Forms are available at [www.metrokc.gov/employees/benefits](http://www.metrokc.gov/employees/benefits) or from Benefits and Retirement Operations. (See *Contact Information*.)

If you leave employment, you may continue county health care coverage for up to 18 months under COBRA, but you must pay the full cost of coverage. (For more information, see “Continuing Coverage Under COBRA” in *Health Care*.) Your monthly rates are based on what the county pays to provide the same coverage for you as an active employee, plus a maximum 2% administrative fee.

You may also pay to take a wellness assessment and receive the benefits of health coaching telephone calls throughout the year. (For more information about the county's wellness assessment and health coaching calls, see "How the Healthy Incentives<sup>SM</sup> Program Works" in "Medical Plans" in *Health Care*.)

When you leave the county in good standing, Benefits and Retirement Operations will notify FBMC, the county's COBRA administrator, of your eligibility for COBRA health care coverage. If you have a covered spouse/domestic partner or dependent children, they're also eligible for COBRA health care coverage. County-paid coverage ends the last day of the month you leave the county, and COBRA coverage begins on the first day of the month after you leave the county.

When you leave county employment, you may pay to continue your existing life insurance (for reasons other than disability) or convert it to a whole life policy with Aetna Life Insurance. You also may be eligible to purchase accidental death and dismemberment (AD&D) conversion insurance with CIGNA Group Insurance. (For more information, see "How to Continue or Convert Coverage" in *Life and Accident Protection*.)

You may leave your contributions in your Washington State Department of Retirement Systems (DRS) plan account, you may withdraw your contributions and the interest earned, or you may roll your contributions and interest into another tax-deferred investment. When you withdraw your contributions, you pay federal taxes on them, and you may also pay a penalty, unless you roll your contributions into another tax-deferred investment. You may not withdraw any King County contributions to your retirement plan. (See *Contact Information*.)

If you participate in the county's deferred compensation plan, you may leave your funds in the plan or you may withdraw your funds without a penalty. However, if you withdraw your funds, you will pay federal taxes on the amount withdrawn. (See *Contact Information*.)

## You Leave the County and Are Rehired

If you leave the county for 30 days or less and are rehired, your previous benefit coverage may be reinstated and you won't have to re-enroll. Your human resources representative will need to formally ask Benefits and Retirement Operations to reinstate your benefits.

If you leave the county for more than 30 days and are rehired, you must re-enroll in benefits as a new employee. (For more information, see “Enrolling When First Eligible” in “Participating in the Health Care Plans” in *Health Care*.)

## You Die

If you die while covered under the county's benefit plans, your family and beneficiaries will receive a letter from Benefits and Retirement Operations with instructions on how to:

- continue county health care coverage through COBRA and other options; and
- submit claims for reimbursement under a flexible spending account (FSA), if you were enrolled.

Benefits and Retirement Operations will also help your family and beneficiaries:

- complete a claim for any accidental death insurance or disability survivor benefit they're entitled to receive;
- contact:
  - Aetna Life Insurance to file a life insurance claim;
  - the King County Employees Deferred Compensation Plan coordinator; and
  - Washington State Department of Retirement Systems (DRS);
- receive your final paycheck; and
- contact the Making Life Easier Program for bereavement counseling, if they're interested.

## If Your Spouse/Domestic Partner or Dependent Child Dies

If your spouse/domestic partner or dependent child dies while you're covered under the county's benefit plans, contact Benefits and Retirement Operations for assistance with:

- making benefit changes as appropriate;
- completing a claim for any life or accidental death insurance benefit you're entitled to receive;
- completing other benefit forms as required; and
- arranging counseling and referral through the Making Life Easier Program.